APR 2 8 2006

Atty. Dkt. No. 041673-1201

## TTED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Chien et al.

Title:

Method for the Inhibition of Phospholamban Activity for the

Treatment of Cardiac Disease and

Heart Failure

Appl. No.:

09/830,779

Filing Date:

11/30/2001

Examiner:

Duffy, P.

Art Unit:

1642

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV 727837128 US

4/28/06

(Express Mail Label Number)

(Date of Deposit)

Rachel Caputo (Printed Name)

.

## AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [ X ] The fee required for additional claims is calculated below:

	Claims	•			•			
	As	I	Previously		Claims			Additional
	Amended		Paid For		Present		Rate	Claims Fee
Total Claims:	13	-	60	=	0	х	\$50.00 =	\$0.00

In	dependent	1	-	10	=	0	х	\$200.00	=	\$0.00
	Claims: First pr	esentatior	of any	Multiple	Depende	ent Claims:	+	\$360.00	= -	\$0.00
	· <b>F</b> -		<b>,</b>		1					,
	•					CLAIMS	FEI	E TOTAL	= _	\$0.00
Г 1	Applicant he	ereby peti	tions fo	r an exte	nsion of t	ime under 3	7 C.	F.R. §1.13	6(a):	for the
	total number							J		
[]	Extension fo	r respons	e filed v	within the	first mo	nth:		\$120.00	)	\$0.00
[ ]	Extension for response filed within the second month:								)	\$0.00
[ ]	Extension for response filed within the third month: \$1,020.00								}	\$0.00
[ ]	Extension for response filed within the fourth month: \$1,590.00								)	\$0.00
[ ]	Extension fo	r respons	e filed v	within the	fifth mo	nth:		\$2,160.00	)	\$0.00
	EXTENSION FEE TOTAL:									\$0.00
[ ]	Statutory Di	sclaimer	Fee und	ler 37 C.I	F.R. 1.20	(d):		\$130.00	)	\$0.00
						SCLAIMER	R FE	E TOTAL:		\$0.00
[X]	[X] SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT							TEMENT	1	\$180.00
[X]		Small Entity Fees Apply (subtract ½ of above):								\$90.00
							ТО	TAL FEE:		(\$180.00)

[X] Please charge Deposit Account No. 50-0872 in the amount of \$90.00. A duplicate copy of this transmittal is enclosed.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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